

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/089240** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		3				
6		2				
7		2				
8		2				
9		2				
10		1				
11		1				
12		1				
13		1				
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	19	↔	↔	↔	↔	
TOTAL CLAIMS	20					

*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
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95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.		↔	↔	↔	↔
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS